REMOTE ACCESS SERVICE REQUEST AND APPROVAL

Requests must have appropriate DC DMV management approval for consideration of support. External Business Entities are reminded that all remote access service is restricted to District Government business use only. An authorized External Business Entity and their representatives that use the remote access service must acknowledge that they understand their responsibilities relating to such use.

The DC DMV's Remote Access Standard requires that all personnel provide written acknowledgment that they have received, read, and understand the standard before using the service. Accordingly, all personnel are required to annotate the acknowledgement agreement prior to using the remote access service. The Acknowledgment must be signed in the handwriting of the appropriate External Entity Representative, unless the DC DMV Office approves other forms of signature. Downloadable version of this form will be available on DC DMV website starting April 1, 2005.

A completed request must be submitted to the District Government's Department of Motor Vehicles no less than ten (10) business days prior to the proposed access date.

Please send printed completed forms with actual signatures/ approval **via:**
Mail:
DC DMV CIO Office,
301 C Street, NW, Room 1025,
Washington DC 20001-2100
OR
Fax: (202) 727-0646.

You will be notified on the status of the request within 2-3 business days of receipt.

Due Date*:_____   **Control Number:**_____

I.   DC GOVERNMENT APPROVAL:

Agency Approver Name:	
Agency Approver Title:	
Agency Approver Office Phone #:	
Action:	New Connection: ☐ Terminate: ☐
Resource Access (IP subnet, Directory, etc.):	

Agency Approval Signature: _____ **Date:** _____

Business   Justification   for   Connection:
_____
_____
_____

II.   EXTERNAL BUSINESS ENTITY INFORMATION

INSURANCE COMPANY NAME:	
Point Of Contact LAST NAME:	
FIRST NAME:	
MIDDLE INITIAL:	
Title:	
Agency:	
Code:	
Subsection:	
Unit:	
Office-Phone #:	
Cell-Phone#:	
E-mail ID:	
Web:	
Alternate Point Of Contact:	
Alt. Phone#:	
Mailing Address:	
City:	
State:	
Zip Code:	

Once the request is approved, the DC DMV office will provide the following information that the external agency will agree to keep confidential:

Company ID: _____

User Name: _____

Password: _____

<u>DC DMV CONNECTIVITY USAGE AND ACKNOWLEDGEMENT AGREEMENT</u>

THE USE OF THE REMOTE ACCESS SERVICE REQUIRES MANAGEMENT APPROVAL AND IS RESTRICTED TO DC DMV BUSINESS ONLY.

By signing, ***<u>External Business Name</u>*** and their representatives acknowledge responsibility for loss or damage incurred to the DC DMV's resources as a result of ***<u>External Business Name</u>***'s activities or misuse of DC Government resources through the available connection. It is understood that ***<u>External Business Name</u>*** and their representatives are to utilize this connectivity solely for the purpose of conducting the official duties and agreed upon services with the DC DMV. It is also understood that ***<u>External Business Name</u>*** and their representatives may not attempt to use other DC DMV or network devices not authorized to ***<u>External Business Name</u>*** by the District's Information Security. ***<u>External Business Name</u>*** and their representatives agree to access only those resources, which have been authorized by the DC DMV, and to honor applicable departmental procedures as well as the responsibilities defined in DC DMV Policies. ***<u>External Business Name</u>*** further understands that failure to adhere to such responsibilities may result in access being disconnected to relevant computer systems and networks. Violators may be subject to penalties, including criminal prosecution and/or other appropriate action.

In exchange for issuance of DC DMV Connectivity, *<u>External Business Name</u>*** agrees to the following terms:**
1. ***<u>External Business Name</u>*** will responsibly and securely perform agreed upon services and will not transfer this connectivity information to anyone not authorized by the DC DMV.
2. ***<u>External Business Name's</u>*** representatives will disconnect from the connection when not in use or when session is unattended.
3. ***<u>External Business Name</u>*** and their representatives are responsible for loss or damage incurred to the DC DMV's resources as a result of ***<u>External Business Name</u>*** activities through the remote access and in case such an incident occurs, ***<u>External Business Name</u>*** will immediately notify the DC DMV CIO office at (202) 727-5692 or e-mail id: dcdmvpier@dc.gov.
4. ***<u>External Business Name</u>*** understands that the connectivity privileges hereunder are subject to periodic review, revision, and if appropriate, renewal by the DC DMV.

Registration for Remote Access Service Request

I.   APPROVALS:

External Agency supervisor Name:	
Supervisor Title:	
Supervisor Office Phone #:	
Action:	New ID: ☐ Termination: ☐

External Agency Supervisor Signature: _____ Date: _____

II.   USER INFORMATION

Last Name:	
First Name:	
Middle Initial:	
Email:	
Office Phone#:	
Home Phone#:	
Agency:	
Agency Group:	
Agency Point Of Contact:	
Agency Point Of Contact Email:	
Mailing Address:	
City:	
State:	
Zip:	

Connectivity Destination: _____Date Established: _____

DC Agency Name & Sponsor:_____Date: _____

DC DMV IT Signature: _____Date: _____